

<b>1040</b>		Department of the Treasury—Internal Revenue Service (99)	<b>2016</b>	OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.																									
For the year Jan. 1-Dec. 31, 2016, or other tax year beginning , 2016, ending , 20 See separate instructions.																														
Your first name and initial <b>CHARLENE</b>		Last name <b>BURRIS</b>		Your social security number																										
If a joint return, spouse's first name and initial <b>DWAYNE A</b>		Last name <b>BURRIS</b>		Spouse's social security number																										
Home address (number and street). If you have a P.O. box, see instructions.			Apt. no.																											
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).																														
Foreign country name		Foreign province/state/county		Foreign postal code																										
<b>Filing Status</b>		1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ►																												
Check only one box.		4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ► 5 <input type="checkbox"/> Qualifying widow(er) with dependent child																												
<b>Exemptions</b>		6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a. b <input checked="" type="checkbox"/> Spouse c Dependents: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>(1) First name</td> <td>Last name</td> <td>(2) Dependent's social security number</td> <td>(3) Dependent's relationship to you</td> <td>(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)</td> </tr> <tr> <td>FOSTER</td> <td>CHILD</td> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>FOSTER</td> <td>CHILD</td> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </table>				(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)	FOSTER	CHILD			<input checked="" type="checkbox"/>	FOSTER	CHILD			<input checked="" type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>
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				<input type="checkbox"/>																										
				<input type="checkbox"/>																										
If more than four dependents, see instructions and check here ► <input type="checkbox"/>		Boxes checked on 6a and 6b No. of children on 6c who: • lived with you      2 • did not live with you due to divorce or separation (see instructions)      2																												
		Dependents on 6c not entered above Add numbers on lines above ► 4																												
<b>Income</b>		7 Wages, salaries, tips, etc. Attach Form(s) W-2 8a Taxable interest. Attach Schedule B if required b Tax-exempt interest. Do not include on line 8a      8b 9a Ordinary dividends. Attach Schedule B if required b Qualified dividends      9b 10 Taxable refunds, credits, or offsets of state and local income taxes 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/> 14 Other gains or (losses). Attach Form 4797 15a IRA distributions      15a 16a Pensions and annuities      16a b Taxable amount b Taxable amount 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20a Social security benefits      20a b Taxable amount 21 Other income. List type and amount 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ► 3,134.																												
<b>Adjusted Gross Income</b>		23 Educator expenses      23 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ      24 25 Health savings account deduction. Attach Form 8889      25 26 Moving expenses. Attach Form 3903      26 27 Deductible part of self-employment tax. Attach Schedule SE      27 28 Self-employed SEP, SIMPLE, and qualified plans      28 29 Self-employed health insurance deduction      29 30 Penalty on early withdrawal of savings      30 31a Alimony paid b Recipient's SSN ► 31a 32 IRA deduction      32 33 Student loan interest deduction      33 34 Tuition and fees. Attach Form 8917      34 35 Domestic production activities deduction. Attach Form 8903      35 36 Add lines 23 through 35      36 37 Subtract line 36 from line 22. This is your adjusted gross income ► 3,134.																												

Form 1040 (2016) CHARLENE BURRIS & DWAYNE A BURRIS

356-56-5591 Page 2

<b>Tax and Credits</b>	38	Amount from line 37 (adjusted gross income)	38	3,134.	
	39a	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. checked ► 39a	39b		
<b>Standard Deduction for—</b>  • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.  • All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,300	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,600.	
	41	Subtract line 40 from line 38	41	-9,466.	
	42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	16,200.	
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0.	
	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	0.	
	45	Alternative minimum tax (see instructions). Attach Form 6251	45		
	46	Excess advance premium tax credit repayment. Attach Form 8962	46		
	47	Add lines 44, 45, and 46	47	0.	
	48	Foreign tax credit. Attach Form 1116 if required	48		
	49	Credit for child and dependent care expenses. Attach Form 2441	49		
	50	Education credits from Form 8863, line 19	50		
	51	Retirement savings contributions credit. Attach Form 8880	51		
	52	Child tax credit. Attach Schedule 8812, if required	52		
	53	Residential energy credits. Attach Form 5695	53		
	54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54		
55	Add lines 48 through 54. These are your total credits	55	0.		
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	0.		
<b>Other Taxes</b>	57	Self-employment tax. Attach Schedule SE	57		
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58		
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59		
	60a	Household employment taxes from Schedule H	60a		
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b		
	61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61		
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62		
	63	Add lines 56 through 62. This is your total tax	63		
	<b>Payments</b>	64	Federal income tax withheld from Forms W-2 and 1099	64	194.
		65	2016 estimated tax payments and amount applied from 2015 return	65	
66a		Earned income credit (EIC)	66a	1,250.	
b		Nontaxable combat pay election <input type="checkbox"/> 66b	66b		
67		Additional child tax credit. Attach Schedule 8812	67	20.	
68		American opportunity credit from Form 8863, line 8	68		
69		Net premium tax credit. Attach Form 8962	69		
70		Amount paid with request for extension to file	70		
71		Excess social security and tier 1 RRTA tax withheld	71		
72		Credit for federal tax on fuels. Attach Form 4136	72		
73	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73			
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	1,464.		
<b>Refund</b>	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	1,464.	
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/>	76a	1,464.	
	► b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	► d	Account number			
	77	Amount of line 75 you want applied to your 2017 estimated tax ►	77		
<b>Amount You Owe</b>	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	0.	
	79	Estimated tax penalty (see instructions)	79		
<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No				
Joint return? See instructions. Keep a copy for your records.	Designee's name ►	Phone no.	Personal identification number (PIN)		
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation FOSTER PARENT RELIEF W	Daytime phone number 312-774-8618	
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation UNEMPLOYED	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name SELF-PREPARED	Date	Check <input type="checkbox"/> if self-employed	PTIN	
	Firm's name ►		Firm's EIN ►		
	Firm's address ►		Phone no.		

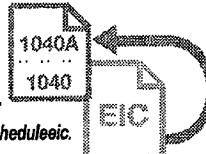
**SCHEDULE EIC**  
(Form 1040A or 1040)

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

**Earned Income Credit**

Qualifying Child Information



OMB No. 1545-0074

**2016**

Attachment  
Sequence No. 43

Your social security number

CHARLENE BURRIS & DWAYNE A BURRIS

**Before you begin:**

- See the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

**Qualifying Child Information**

**Child 1**

**Child 2**

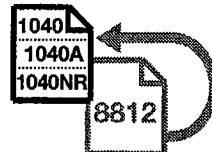
**Child 3**

<b>1 Child's name</b> If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name  C	Last name  J	First name  I	Last name  K
<b>2 Child's SSN</b> The child must have an SSN as defined in the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, unless the child was born and died in 2016. If your child was born and died in 2016 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.				
<b>3 Child's year of birth</b>	Year <u>2</u> <u>0</u> <u>0</u> <u>0</u> If born after 1997 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.	Year <u>2</u> <u>0</u> <u>1</u> <u>0</u> If born after 1997 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.	Year _____ If born after 1997 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.	
<b>4 a</b> Was the child under age 24 at the end of 2016, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5.
<b>b</b> Was the child permanently and totally disabled during any part of 2016?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5.	The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5.	The child is not a qualifying child.
<b>5 Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	FOSTER CHILD		FOSTER CHILD	
<b>6 Number of months child lived with you in the United States during 2016</b>	12 months Do not enter more than 12 months.		12 months Do not enter more than 12 months.	
			months Do not enter more than 12 months.	

**SCHEDULE 8812**  
(Form 1040A or 1040)

Department of the Treasury  
Internal Revenue Service (99)

# Child Tax Credit



OMB No. 1545-0074

**2016**

Attachment  
Sequence No. 47

Name(s) shown on return

CHARLENE BURRIS & DWAYNE A BURRIS

Your social security number  
3

## Part I Filers Who Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Identification Number)



*Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit.  
If your dependent is not a qualifying child for the credit, you cannot include that dependent in the calculation of this credit.*

Answer the following questions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, line 7c, who has an ITIN (Individual Taxpayer Identification Number) and that you indicated is a qualifying child for the child tax credit by checking column (4) for that dependent.

A For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

Yes  No

B For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

Yes  No

C For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

Yes  No

D For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

Yes  No

**Note:** If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see separate instructions and check here . . . . . ►

## Part II Additional Child Tax Credit Filers

1 If you file Form 2555 or 2555-EZ stop here; you cannot claim the additional child tax credit.

If you are required to use the worksheet in Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication. Otherwise:

**1040 filers:** Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 52). 1 2,000.

**1040A filers:** Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 35).

**1040NR filers:** Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 49).

2 Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49

3 Subtract line 2 from line 1. If zero, stop here; you cannot claim this credit

4a Earned income (see separate instructions)

4a 3,134.

b Nontaxable combat pay (see separate instructions)

4b

5 Is the amount on line 4a more than \$3,000?

No. Leave line 5 blank and enter -0- on line 6.

Yes. Subtract \$3,000 from the amount on line 4a. Enter the result

5 134.

6 Multiply the amount on line 5 by 15% (0.15) and enter the result

Next. Do you have three or more qualifying children?

No. If line 6 is zero, stop here; you cannot claim this credit. Otherwise, skip Part III and enter the smaller of line 3 or line 6 on line 13.

Yes. If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7.

**Part III Certain Filers Who Have Three or More Qualifying Children**

7 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see separate instructions . . . . .

8 **1040 filers:** Enter the total of the amounts from Form 1040, lines 27 and 58, plus any taxes that you identified using code "UT" and entered on line 62.

**1040A filers:** Enter -0.

**1040NR filers:** Enter the total of the amounts from Form 1040NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.

9 Add lines 7 and 8 . . . . .

10 **1040 filers:** Enter the total of the amounts from Form 1040, lines 66a and 71.

**1040A filers:** Enter the total of the amount from Form 1040A, line 42a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 46 (see separate instructions).

**1040NR filers:** Enter the amount from Form 1040NR, line 67.

11 Subtract line 10 from line 9. If zero or less, enter -0- . . . . .

12 Enter the **larger** of line 6 or line 11 . . . . .  
Next, enter the **smaller** of line 3 or line 12 on line 13.

7		
8		
9		
10		
11		
12		

**Part IV Additional Child Tax Credit**

13 This is your additional child tax credit . . . . .

1040	1040A	1040NR
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Enter this amount on  
Form 1040, line 67,  
Form 1040A, line 43, or  
Form 1040NR, line 64.